

**To the Petitioner (s):** The Hamilton County Juvenile Court will request the Hamilton County Department of Jobs and Family Services, (Formerly known as Hamilton County Department of Human Services), to provide case activity information concerning you, the child or children as well as any other person living in your household. The following information is **required** and **necessary** to process your Custody / Visitation petition. **Include any maiden names or alias names used by any household members.**

**Court Date:** \_\_\_\_\_ **Magistrate** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**In Re:** \_\_\_\_\_

**Petitioner (s) #1 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone Number (s):** ( \_\_\_\_\_ )

**Petitioner (s) #2 Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City** \_\_\_\_\_  
**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone Number (s):** ( \_\_\_\_\_ )

**Biological Mother's Name:** \_\_\_\_\_ **Biological Father's Name** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Children currently in your home or subject to your current filing.**

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Adults Currently Living in Your Household (include maiden name or alias name if applicable):**

**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **SSN** \_\_\_\_\_

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**(For Official Use Only by HCDJFS)**

**No Record for any of the indicated parties has been identified.**

**A case is currently open on:** \_\_\_\_\_ **Petitioner (s)** \_\_\_\_\_ **Child** \_\_\_\_\_ **Other** \_\_\_\_\_

**The case is assigned to:** \_\_\_\_\_ **Phone Number:** ( \_\_\_\_\_ )

**The supervisor is:** \_\_\_\_\_ **Phone Number:** ( \_\_\_\_\_ )

**A prior case is identified on:** \_\_\_\_\_ **Petitioner (s)** \_\_\_\_\_ **Child** \_\_\_\_\_ **Other** \_\_\_\_\_

OPENED	CLOSED	PETITIONER/CHILD	DISPOSITION	ON-GOING SERVICES

**Custody Investigation Recommended.** **Comments:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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